



CLUSTER REGION ONE:
CONTINUUM OF TEACHING PRACTICE (CTP)
ROLL OUT MEETING

THURSDAY • 7/1/10

9:00 a.m. to 3:00 p.m.

Davis JUSD

526 B Street • Davis, CA 95616

PARKING INSTRUCTIONS: Visitor parking spaces are P1 through P14. Attendees should park their car, come to the East Conference Room for their pass, return to their car and hang the pass on the rear view mirror. If spaces P1-P14 are full, please park on 6th street, between C and F streets. Do not park in any spot with an "N" or "Z" on it.
Parking Questions? Call 530/757-5300 ext. 136 or ext. 183

OR

WEDNESDAY • 8/4/10

9:00 a.m. to 3:00 p.m.

Sacramento COE

10474 Mather Blvd. • Mather, CA 95655

Audience:

- Program leaders, trainers and those responsible for supporting implementation of formative assessment and use of the CSTP with *Continuum of Teaching Practice*. Time will be given to both system-alike and cross-system work with the *Continuum of Teaching Practice*.

Outcomes:

- To understand the context, history and purpose of the Continuum of Teaching Practice
- To understand the structure and organization of the Continuum of Teaching Practice
- To become familiar with the content of the Continuum of Teaching Practice within the elements
- To develop, extend, and refine skills in using the Continuum of Teaching Practice with Participating Teachers
- To access and apply the Continuum of Teaching Practice within BTSA Induction and on-going teacher development
- To support program leaders in engaging varied stakeholders in using the Continuum of Teaching Practice

Registration:

→ Fax a copy of this form as a placeholder. **Please indicate the session you wish to attend.**

Cost:

→ \$75 per person (payable to Tehama COE). Materials, morning refreshments and lunch provided.

→ **I PLAN TO ATTEND THE FOLLOWING SESSION: PLEASE CHECK ONE:**



Thursday - 7/1/10

Registration deadline 6/24/10

OR



Wednesday - 8/4/10

Registration deadline 7/24/10

Name: _____
one name per form

Program: _____

Address: _____

Title: _____

City/St/Zip: _____

Email: _____

Office #: _____

Fax #: _____

FAX THIS FORM AS A PLACEHOLDER, THEN RETURN THIS FORM & PREPAYMENT TO:
Tehama COE/Attn: Tahnee Dickerson • PO Box 689 • Red Bluff, CA 96080 • Fax 530-529-4995
REGISTRATION QUESTIONS? <mailto:tdickerson@tehamaschools.org>

CANCELLATIONS MUST BE IN WRITING AND RECEIVED NO LESS THAN 14 WORKING DAYS PRIOR TO THE PROGRAM START DATE. NO REFUND/CREDIT REQUESTS CAN BE HONORED OTHERWISE. THANK YOU FOR YOUR COOPERATION!